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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
L	04/21/2004		Jun-Yeob Lec				0091,1043	4847	
10/025,247 04/21/2004 Jun-Yeob Lec 0091.1003 0091.1003 TITLE OF INVENTION: ORGANIC ELECTROLUMINESCENT DISPLAY DEVICE HAVING SUPERIOR CHARACTERISTICS AT HIGH TEMPERATURE									
APPLN, TYPE	SMALL ENTITY	tSSUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810	03/16/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	S					
YAMNITZKY,	MARIE ROSE	428-690000			-				
Change of correspond CFR 1.363). Change of correspond	n of "Fee Address" (37 inge of Correspondence	For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
Change of correspondence address (or Change of Correspondenc Address from PTO/SB/122) attached. "Tec Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of n Castom Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
A ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY						TRY)			
Samsung Mobile Display Co., Ltd. Suwon-si, Republic of Korea									
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🔯 Corporation or other private group entity 🚨 Government									
4a. The following fec(s) are submitted: 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)									
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Advance Order -	X The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503333 (enclose an extra copy of this form).								
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).									
L3. Applicant claims SWALL BETH 17 satures See 3 CFA 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Fatent and Tractornark Office.									
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